

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155616	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 12/27/2013
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NAME OF PROVIDER OR SUPPLIER ROBERT E LEE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 E ELM ST NEW ALBANY, IN 47150
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 12/27/13</p> <p>Facility Number: 001145 Provider Number: 155616 AIM Number: 200120200</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Robert E Lee was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This two story facility was determined to be of Type V (111) construction with a partial basement and fully sprinkled except the conference room closet and beauty shop closet. The facility has a fire alarm system with smoke detection</p>	K010000	<p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION IN GENERAL OR THIS CORRECTIVE ACTION IN PARTICULAR, DOES NOT CONSTITUTE AN ADMISSION OR AGREEMENT BY THIS FACILITY OF THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THIS STATEMENT OF DEFICIENCIES. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. The facility is requesting a Desk Review of compliance for this plan of correction.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>in the corridors, in spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 122 and had a census of 57 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled except the conference room closet and beauty shop closet. All areas providing facility services were sprinkled.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 01/02/14.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 2 of 118 first floor rooms were sprinkled. This deficient practice could affect 32 residents who use the beauty shop and 44 residents who use the main dining room, which is in the smoke compartment where the beauty shop is located.</p> <p>Findings include:</p> <p>Based on observations on 12/27/13 during a tour of the first floor with the administrator and maintenance supervisor from 10:00 a.m. to 12:20 p.m., the Administration Hall conference room closet and the Main Dining room Hall beauty shop closet were not provided with sprinkler</p>	K010056	<p>1. There were no negative outcomes identified related to the lack of sprinkler coverage in the closet in the front conference room or the closet in the beauty shop. Sprinkler heads were installed in the closet in the front conference room and the closet in the beauty shop on 1/14/14.2. An audit of the facility was completed to identify any other areas of the facility that lacked sprinkler coverage. One other area was identified in the hall 4 medication room, necessary work completed on 1/14/14.3. An in-service was completed reviewing the code regarding sprinkler coverage with the maintenance director. The maintenance director will review and log any proposed changes within the facility to identify the need for sprinkler coverage prior to going forward with any</p>	01/14/2014			

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	coverage. This was verified by the administrator and maintenance supervisor at the time of observation and acknowledged by the administrator at the exit conference on 12/27/13 at 1:40 p.m. 3.1-19(b)		changes.4. The Administrator or designee will review the facility proposed changes log with the maintenance director on a monthly basis x6 to ensure proper sprinkler coverage was reviewed / installed regarding any changes within the facility. The findings of the facility proposed changes log will be reviewed by the QA committee to ensure compliance. Continued compliance will be monitored utilizing the QAPI process.5. January 14, 2014		